Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

## APPLICATION FOR CERTIFICATE OF AUTHORITY

(605)//3-4845	FOREIGN COOP	ERATIVE		
	Please Type or Print Clo	arly in Ink		
	Please submit one Original a	nd one Photocopy		
	FILING FEE: \$750 payable to	o SECRETARY OF STATE	E	
			Telephone #	
			FAX #	
	be accompanied by a one page origir aving custody of the corporate record			
1. The name of the	cooperative is			
Note: This must	be the exact cooperative name.			
2. State where inco	orporated			
3. Date of its incorp	poration is			
4. The period of its	duration			
5. The address of i	ts principal office in the state where inco	rporated		
Street Address		City	State	ZIP+4
Mailing Address (Op	otional)	City	State	ZIP+4
6. The South Dake	ota Registered Agent name			
Street Address or R	ural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in	This State, if Different from Street Address	City	State	ZIP+4
When listing	g a Commercial Registered Agent, pleas	e state their CRA #.		

When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.

President		Street Address	City	State	ZIP+
Vice President	<del> </del>	Street Address	City	State	ZIP+
Secretary		Street Address	City	State	ZIP+
Treasurer		Street Address	City	State	ZIP+
Director		Street Address	City	State	ZIP+
Director		Street Address	City	State	ZIP+
Director		Street Address	City	State	ZIP+
		Street Address  nd class of those members  Class	, in the second	State	ZIP+
e aggregate nur Number of Me	embers	nd class of those members Class  hich it has authority to issue	s, if any:		

7. The purposes which it proposes to pursue in the State of South Dakota

Number of Shares	Class	Series	Par value per share or statement that shares are without par value
d			
		_	(Signature of an authorized officer)
	his form, you agre e fee and the form		(Printed Name)
processed e	lectronically. A fed III be assessed for		(Title)